Labor Organization Officer and Employee Report

U.S. Department Employment Standards Administration

Labor





Office of Labor-Management Standards This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

| | | | 67 000 28 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and address of person filing Bruce Dunton, Vice President 903 Russell Avenue Gaithersburg, MD 20879 | | 2. Name and address of | labor organization | |
| | | | | |
| Position in labor organization | 4. Date fiscal year | | 5. File number (If assigned) | |
| Enter appropriate data below if, during the pa | 12/31/2000 | | directly or indirectly had any of the following in- | |
| terests (except as specified in the exclusions | | | | |
| A. Held an interest in, engaged in transactic employer whose employees your organi; | | | ther economic benefit of monetary value from an t. | |
| 5. Name of Employer UNITE | | Address of Employer 275 Seventh Avenue, 11th Floor New York, NY 10001 | | |
| 7. Nature of Interest, Transaction or Income Member of the Board of Director | rs of Amalgamated | Bank and Shareholder | of same | |
| from, selling or leasing to, or otherwise deal seeking to represent, or (2) any part of which organization or with a trust in which your lab | ling with the business of h consists of buying from | f an employer whose employ in or selling or leasing directly | (1) a substantial part of which consists of buying ees your labor organization represents or is actively or indirectly to, or otherwise dealing with your labor | |
| 3. Name of business | | Address of business | | |
| Amalgamated Bank Of New York | | | 5 Union Square New York, NY 10003 | |
| 9. Business deals with— | | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN | d give trust or employer's name | |
| ☐ A. Labor Organization ☐ B. Trust | C. Employer | | | |
| Nature and approximate dollar value of such State of the such of the | | B Shares valued at \$ | 255,00 per share | |
| Nature of interest held or income received | | | | |
| \$1,165.43 | | | | |
| | | | | |
| 2. Received from any employer (other than any payment of money or other thing of value | an employer covered ur | nder parts A and B above) or | from any labor relations consultant to an employer | |
| Name and address of employer | or consultant | 14. Nature of payment | | |
| None | | None | Service Comments of the Comment of t | |
| IF MO | RE SPACE IS NEEDE | D ATTACH ADDITIONAL S | HEETS | |
| the attachments incorporated therein or refe correct and complete. | ned declares, under the erred to in this report, h | applicable penalties of the la las been examined by him a | w, that all of the information in this τeport, including nd is, to the best of his knowledge and belief, true, | |
| Signed: Burn Durth | at New York | , NY | on_10/22/03 | |
| 9.50, | City | | State On 10/22/03 | |